



PART B - FEE(S) TRANSMITTAL

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26652 7590 10/13/2006

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MARY J. CURCH	(Depositor's name)
Mary J. Curch	(Signature)
01/12/2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/791,983	03/03/2004	Kevin L. D'Souza	2000-0210CON	4868

TITLE OF INVENTION: METHOD FOR VERIFYING NEWLY PROVISIONED CUSTOMER NETWORK ROUTE ADVERTISEMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/16/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
LIM, KRISNA	.2153	709-242000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

AT&T Corp.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

New York, NY 10013

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Carol T. Wortmann

Date

12-15-06

Typed or printed name

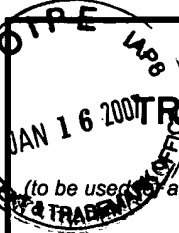
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 TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/791,983
		Filing Date	03/03/2004
		First Named Inventor	Kevin L. D'Souza
		Group Art Unit	2153
		Examiner Name	Lim, Krisna
Total Number of Pages in this Submission	4	Attorney Docket Number	2000-0210CON


Enclosures (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Interview Summary <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input checked="" type="checkbox"/> Additional enclosure(s) (please identify below)
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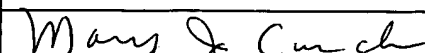
CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		Customer Number - 26652		or <input type="checkbox"/> Correspondence address below	
NAME	John Etchells				
ADDRESS	AT&T CORP., One AT&T Way, Room 2A-207				
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COUNTRY	United States of America			FAX	908-532-1281

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Robert T. Canavan	Reg. #	37592
TELEPHONE	908-707-1568		
SIGNATURE		DATE	01/12/2007

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